## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
The C/OH Instruction G	iulde explains how to complete this form.		6
3 CANDIDATE / OFFICEHOLDER	MS / MRS (MR) FIRST	MI	OFFICE USE ONLY
NAME	NICKNAME LAST	SUFFIX	Date Received
	DE LA GARZA		4-29-19
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		CITY; STATE; ZIP CODE	
Change of Address	101 BLACKSTONE PLC. PO		
5 CANDIDATE/ OFFICEHOLDER PHONE	(361) 652-7905	EXTENSION	Date Fland-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Processed
	DE LA GARZ	A	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S		ZIP CODE
(Residence or Business)		<b>a</b>	dia Aud C
	101 BLACKSTONE PLC. 1		77979
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (361) 482-7810	EXTENSION	
9 REPORT TYPE	January 15 30th day before 6	election Runoff .	15th day after campaign treasurer appointment (Officeholder Only)
T A REGIO	July 15 8th day before eld	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 4 / 5 / 19	THROUGH H	26/19
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year Primary  5 / 4 / 19 General	Runolf Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (IT KNOW) CALHOUN C DISTRICT	OUNTY PORT AUTH
	GO TO	PAGE 2	

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

Revised 9/8/2015

******		- 14K-14-1		
4 C/OH NAME	LUIS DE	LA GARZA	15 Filer ID (Ethics Commission Filers)	
6 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE GENERAL SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS		
Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
7 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THE S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ		
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1550.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 1219.11	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD		DAY \$ 1166.52	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD		THE \$	
AFFIX NOTARY STAM  Sworn to and subsc	ribed before me, l	true and correct and includes all info under Title 15, Election Code.  Signature of Can	perjury, that the accompanying report is cormation required to be reported by me didate or Officeholder	
day of April	,20 <u>1</u> 4,	to certify which, witness my hand and seal of office.	Cal-Com FC Loon Mar	
Signature of officer a		Motory ID #	126258734 sion Expires of cer administering oath	

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	IS DE LA GARZA	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
4-12-19	BIANCIA SALINAS  6 Contributor address; City; State; Zip Code	
	120 HAVILANDAPTC PORTLAYACA, TX 77979	10.00
	pation / Job title (See Instructions) 9 Employer (See Instruc	TAURANT, PORT O'CONNOR
Date	Full name of contributor out-of-state PAC (ID#:)*	Amount of contribution (\$)
4-12-19	TERRICA DE LA GARZA Contributor address; City; State; Zip Code	
	327 ASHLEY DR. COPPELL, TX 75019	5,00
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
4-12-19	TOSEF RODRIGUEZ  Contributor address; City; State; Zip Code	
	49 HIGH BLUFFRD PORTLAVACA, TX 77979	5.00
STUDE	pation / Job title (See Instructions) Employer (See Instruc	xions)
Date	Full name of contributor	Amount of contribution (\$)
4-12-19	THERES A RODRIGUEZ.  Contributor address; City; State; Zip Code	
	49 HIGH BLUFF RD YORT LAVACA, TX 77979	20.00
RETIRE	pation / Job title (See Instructions) Employer (See Instruc	cuons)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additiona	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) NUCLEAR OPERATOR SUPERVISOR Full name of contributor Out of state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Date City; State; Zip Code 4-16-19 10.00 PARENT LIAISON Amount of contribution (\$) Out-of-state PAC (ID#; Full name of contributor Date City; State; Zip Code Contributor address;

Principal occupation / Job title (See Instructions)

City; State; Zip Code

aut-of-state PAC (ID#:\_\_\_

Employer (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

Principal occupation / Job titla (See Instructions)

Date

Full name of contributor

Contributor address;

Amount of contribution (\$)

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking **Event Excense** Loan Repayment/Relmbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel in District Consulting Expense Polling Expense Contributions/Donations Made By Gtt/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Other (enter a category not listed above) Credit Gard Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) -UIS DE LA GARZA 4 Date Payee address; City; State; Zip Code ORT LAVACA, TX 77979 (a) Category (See Categories listed at the top of this schedule) Check If travel outside of Texas, Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE ANUERTISING EXPENSE Candidate / Olficeholder name ADVERTISING 9 Complete ONLY If direct Office held expenditure to benefit C/OH LUIS DE LA GARZA Payee name 468,99 OTE: AUSTIN ST. PORT LAVACA, TX 77979 Category (See Categories tisted at the top of this schedule) Description Check It travel outside of Texas. Complete Schedulo T. PURPOSE OF Check if Austin, TX, afficeholder living expense EXPENDITURE ADVERTISING EXPENSE VERTISING Office held Office sought Complete ONLY If direct expenditure to benefit C/DH Payee namo Date LAVACH WAVE ress; City; State; Zip Code OTE, AUSTIN ST, PORT LAVACA, TX 77979 Check if travel outside of Texas. Complete Schedule T. PURPOSE OF Check if Austin, TX, officeholder living expense EXPENDITURE ADVERTISING EXPENSE ADVERTISING! Candidate / Officeholder name Office held Office sought Complete DNLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED Revised 9/8/2015

### **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking **Event Expense** Loan Repayment/Relmbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donetions Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidete/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 2 FILER NAME 1 Total pages Schedule F4: 3 Filer ID (Ethics Commission Filers) LUISDELA GARZA 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name HMAZON 8 Payee address: City; State; Zip Code SEATTLE, WA TYPE OF Political Non-Political **EXPENDITURE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. OF EXPENDITURE Check If Austin, TX, officeholder living expense ADVERTISING PRINTING 11 Complete ONLY if direct Office sought Candidate / Officeholder name Office held expenditure to benefit C/OH Payee name City; State; Zip Code 9002 N. NAVARRO ST. VICTORIA, TX 77904 TYPE OF \_\_\_ Political Non-Political EXPENDITURE Description Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense PINTING SUPPLIES PRINTING SUPPLIES Candidate / Officeholder name Complete ONLY if direct Office held Office sought expenditure to benefit C/OH